

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162
 County Registrar No. _____
 Local Registrar No. _____

No. E-43 Davis Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Reyes { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Mar 17 1915
 Month Day Year

8. FATHER
 Full name Felipe Reyes

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

13. Occupation miner
 Nature of industry Copper

14. MOTHER
 Full maiden name Carmen Carbajal

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Mexico
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother { (a) Born alive and now living 2
 (b) Born alive but now dead 1
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 11 A m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year

Filed April 5, 1915 Nelson D. Brayton Local Registrar

Registrar

Filed _____, 19____

County Registrar.

092-317-333